

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	1	7-28-95
EXAMINER	r11	8-10-95
TYPIST	318	8/11
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

4/20

INDEX OF CLAIMS

Claim	Date
Original	
1	1/5/
2	1/7/
3	1/8/
4	1/9/
5	1/10/
6	1/11/
7	
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Cancelled
*	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Original	
51	1/11/95
52	1/12/
53	1/13/
54	1/14/
55	1/15/
56	1/16/
57	1/17/
58	1/18/
59	1/19/
60	1/20/
61	1/21/
62	1/22/
63	1/23/
64	1/24/
65	1/25/
66	1/26/
67	1/27/
68	1/28/
69	1/29/
70	1/30/
71	1/31/
72	2/1/
73	2/2/
74	2/3/
75	2/4/
76	2/5/
77	2/6/
78	2/7/
79	2/8/
80	2/9/
81	2/10/
82	2/11/
83	2/12/
84	2/13/
85	2/14/
86	2/15/
87	2/16/
88	2/17/
89	2/18/
90	2/19/
91	2/20/
92	2/21/
93	2/22/
94	2/23/
95	2/24/
96	2/25/
97	2/26/
98	2/27/
99	2/28/
100	3/1/

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